Michigan Regional Laboratories Test Requisition

Detroit City Health Department 1151 Taylor Street Detroit MI 48202 313-876-4220 Fax 313-876-4221 Kalamazoo County HSD Laboratory 3299 Gull Road Nazareth MI 49074 Kent County Health Department 700 Fuller N.E. Grand Rapids MI 49503 616-632-7210 Fax 616-632-6899

Saginaw County Health Department 1600 North Michigan Saginaw MI 48602

269-373-5360 Fax 269-373-5216 989-758-3825 Fax 989-758-3755 Date Received Time Received Regional Laboratory Sample Number in Laboratory In Laboratory 1 Return Results to: Phone Fax CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER NAME 2 INDICATE TEST REQUESTED - The following four tests are available from all of the Regional Laboratories • C. trachomatis (Non-Culture)¹ • Food Microbiology Enteric Culture 3 The following test is available from the Detroit City & Kent County Laboratories ONLY-DO NOT SEND to the Lansing Laboratory • HIV-1/HIV-2 MUST COMPLETE REVERSE OF THIS FORM DATE OF COLLECTION TIME COLLECTED 4 5 PM AM SPECIMEN SOURCE • Serum Cervix Urethra Stool • Urine • Other (Specify) PATIENT NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly 7 PATIENT'S CITY OF RESIDENCE 8 GENDER RACE 9 • Female Male 10 • Black White · Multiracial · American Indian · Asian/Pacific Islander • Unknown ANCESTRY MEDICAID NUMBER 11 • Hispanic • Non-Hispanic • Unknown 12 DATE OF BIRTH SYMPTOMS OR DIAGNOSIS Cervicitis Diarrhea Fever Urethritis 13 14 • Other (Specify): SUBMITTER SPECIMEN NUMBER SEXUALLY TRANSMITTED DISEASES - REASON FOR TESTING (If Applicable) See Reverse For Definitions Symptoms Prenatal Visit Infected Partner Age Recommended for Testing 16 15 "Plan First!" Client Partner Risk IUD Insertion History of STD (< 3years) OUTBREAK IDENTIFIER (Foodborne ONLY - If Applicable) 17 ORGANISM SUSPECTED (Foodborne ONLY - If Applicable) 18 COMMENTS/OTHER 19

The following questions must be completed for HIV-1/HIV-2 Testing:

TYPE OF THRE USED FOR RI OOD DRAW

20	• ((red-top	p for seri		tube – fo	or serum)								
DATE (OF CENTR	IFUGATIO	N					TIME OF	CENTRIE	UGATION					
21	M	M	D	D	Y	Y	Y	Y	22					• AM	• PM
DATE ()F POURI	NG OFF (SE	RUM)			,		TIME OF POURING OFF (SERUM)							
23	М	М	D	D	Y	Y	Y	Y	24					• AM	• PM
TOTAL	VOLUME	OF SERUM	A SENT FO	R HIV TES	TING	•			•				•		
25	mL														
SERUM	SERUM CONDITION														
26	LoMHi	o Hemoly ow Hemoly oderate I gh Hemoly pemic	olysis Hemolys	sis											
		ontamina	nted												
DATE (ATE OF COURIER PICK UP								TIME OF	COURIER	PICK UP	I	1 1		
27	M	M	D	D	Y	Y	Y	Y	28					• AM	• PM
IF APPLICABLE:															
DATE S	AMPLE F	ROZEN AT	-70 CELC	IUS		_			TIME SAMPLE FROZEN AT -70 CELCIUS						
29	М	М	D	D	Y	Y	Y	Y	30					• AM	• PM
SAMPL	IPLE KNOWN TO BE INELIGIBLE FOR GENOTYPE TESTING - EXPLANATION														
31															

Sexually Transmitted Diseases – Definitions

Symptoms: Patient requesting examination due to symptoms, or, symptoms discovered on examination.

Infected Partner: Patient has known exposure to STD (self-reported or documented).

Partner Risk: Patient has multiple sex partners.

History of STD: Patient has been diagnosed with a sexually transmitted disease within last 3 years.

Prenatal Visit: Patient examination is part of prenatal visit.

Age recommended: Recommended age criteria for screening female patients is < 24 for family planning clinics,

adolescent and juvenile detention sites, and all ages for STD clinics.

"Plan First!" Clients: A "Plan First!" client seeking family planning services will receive screening and teaching. As a

Title X Standards & Guideline requirement, *Chlamydia trachomatis* and *Neisseria gonorrhoeae* screening must be offered to "Plan First!" clients < 24 years of age, prior to provision of a

contraceptive method, if risk factors are reported.

IUD Insertion: Title X mandates that clients who are provided with Intrauterine Device (IUD) insertion must be

tested for N. gonorrhea and Chlamydia trachomatis for diagnostic purposes and/or for

maintenance of health status.

DCH - 0567 (back) October 2006 By Authority of Act 368, P.A. 1978

¹All tests positive for *Chlamydia* will automatically be tested for *N. gonorrhoeae* at no additional charge.